



Final Words From BG George Brown, Region 11's Former Lead Agent

by Sharon Ayala

Brigadier General George Brown relinquished command of Madigan Army Medical Center and as TRICARE Region 11 Lead Agent on October 2, 1998, ending a 26-year military career.

In January 1996, about one year after Madigan became the first Region to implement TRICARE, Brown assumed command. Brown said that he arrived at Madigan with several TRICARE related goals

in mind and will retire having accomplished them.

"When I arrived, I wanted to understand what TRICARE was about. I wanted to make TRICARE a household word; make TRICARE synonymous with quality, cost effective health care that's accessible for Department of Defense (DoD) beneficiaries, and I wanted to build on the already existing legacy that Madigan enjoys," he stated. "From 1995

to today, Madigan staff have worked exceptionally hard at refining TRICARE, working out a lot of technical problems, the contracting difficulties, the health care delivery concerns, and patient satisfaction challenges. As a consequence, we have earned and enjoyed the reputation of being the leaders in TRICARE."

Region 11, which includes the Washington state, Oregon, and six counties in

(Continued on page 2)

Group Health Provider Contract Ending

Foundation Health Federal Services (FHFS) and Group Health Cooperative jointly announced that both parties have agreed to terminate their TRICARE provider serv-

ices contracts in the state of Washington. The contracts between FHFS and Group Health Cooperative and its affiliate, Group Health Northwest, will officially end March 1,

1999, providing all entities sufficient time to ensure a smooth transition of care for affected TRICARE Prime beneficiaries. "For over four years, we've worked

(Continued on page 4)

Inside this issue:

Final Words From BG Brown, Region 11's Former Lead	1,2
Group Health Provider Contract Ends	1,3,4
Fleet Hospital Five Trains for Deployment	2
CEIS Update	3
Some Retirees Tagged for Federal Health Benefits Test	3
Contract Performance Surveillance	4

TRICARE Senior Prime (TSP) Open Enrollment Ends

The open enrollment season for the TRICARE Senior Prime Program ended October 31, 1998.

- TRICARE Prime enrollees at Madigan, however may still "age-in" to the program (see story pg. 3).

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(Continued from page 1)

northern Idaho, has worked out most of the kinks in the TRICARE program. Brown said that those areas that are having difficulty with TRICARE are going to be put to the test to make it right. "There is the perception that where the sun rises,

TRICARE is less successful, as opposed to where it sets. I'm not sure why that is. I'm not sure if that's a reality, but it's a perception, and sometimes perception transforms into reality. TRICARE must be a success because of budget constraints, and

the heavy investment that we've made, and because of the promise that we've made to DoD beneficiaries. We have to make good on our promise. The consequences of TRICARE being a

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Although BG Brown is leaving the military, he and his wife, Lynn, will

not be far away. The couple will reside in Olympia, WA, where they are having a home built. Brown will take off the military uniform and don civilian attire in his new position as Vice President of Acute Care Services and Facilities at MultiCare Health System in Tacoma. ●

Fleet Hospital Five Trains for Deployment

By Judith Robertson, PAO, NH Bremerton

The possibility of receiving your health care within the beige confines of a deployable medical system tent structure is soon to be a reality at the Naval Hospital. "It is our job to be sure that when we deploy people from this command to support (worldwide medical support) missions, that they are ready", , " Snyder said. Additional training was provided Sept. 22 in the form of a countywide disaster drill that exercised people and equipment, says CAPT Snyder, commanding officer, Fleet Hospital Five. "So we will be providing meaningful 'hands-on' training to our fleet hospital staff in the setting they

will use when they deploy."

Almost one thousand medical and non-medical staff from Naval Hospitals Bremerton and Oak Harbor and their branch medical clinics, make up Fleet Hospital Five. Taking command of Bremerton's Fleet Hospital July 8 from CAPT Brian Brannman, Snyder said Fleet Hospital Five has a stellar history. This was evidenced by the spectacular performance by the crew in Haiti. (FH5 deployed to Haiti in support of a United Nations Humanitarian Support Mission Feb. 18 to Aug. 17, 1997). "My goal is to continue that performance," he said. Toward that end, the command recently held Fleet Hospital Five Readiness Week. During those five days the command assured that all Naval Hos-

pital staff assigned to Fleet Hospital Five are ready to deploy. "We identified all medical and non-medical folks and made sure they have all the classic deployment needs met, such as immunizations, wills, clothing, family consideration and training," Snyder said. Additional training was provided Sept. 22 in the form of a countywide disaster drill that exercised people and equipment, the Fleet Hospital's CO said. "We will begin looking at patient care in the fleet hospital training site located here on the Naval Hospital campus soon. Options for how patient care will be handled in the field hospital structure is currently being explored, Snyder said, adding that receiving care in the tent hospital will be voluntary. ●

TRICARE Senior Prime: The New Option for Medicare-Aged Prime Enrollees

If you are enrolled in TRICARE Prime at Madigan Army Medical Center and are turning age 65, you may be eligible for TRICARE Senior Prime. Enrolling in TRICARE Senior Prime assures that you'll continue to have priority access to all medical services offered at Madigan Army Medical Center.

All TRICARE Prime enrollees who meet the eligibility requirements and want to enroll in TRICARE Senior Prime will be allowed to enroll.

To be eligible, you must meet all of the following requirements.

- Medicare eligible on the basis of age

- Eligible for care in the Military Health System
- Entitled to Medicare Part A
- Enrolled in Medicare Part B
- Enrolled in TRICARE Prime and currently assigned to a Primary Care Manager at Madigan Army Medical Center
- Eligible for Medicare Part A on or after July 1, 1997

Approximately 4 months prior to becoming Medicare eligible, Prime enrollees will receive information about their opportunity to enroll in TRICARE Senior Prime. Those interested in enrolling should call (800) 979-9667 for an enrollment application and more information.

CEIS Update

The CEIS TRENDSTAR and TRENDPATH systems will be upgraded to accommodate fiscal year 1999 data. Effective 2 November 1998 the FY 96 reports currently available in TRENDPATH will be removed. FY 99 reports will be displayed in TRENDPATH as data becomes available (approximately mid to late November). The FY 96 databases will NOT be removed from TRENDSTAR and will continue to be available for ad hoc reporting.

Some Retirees Tagged for Federal Health Benefits Test

WASHINGTON -- The Federal Employees Health Benefits Program will be opened to military retirees on a test basis now that President Clinton has approved the fiscal 1999 National Defense Authorization Act.

The act calls for a three-year demonstration beginning Jan. 1, 2000. Some 66,000 military retirees and eligible family members over age 65, who qualify for Medicare health benefits, will participate in the pilot program. DoD designed the demonstration Congress approved giving military health care beneficiaries access to the federal employees' plan after they turn 65. Officials

said the test will be held at six to 10 locations. After the test sites are selected, eligible retirees will be contacted, most likely by mail, officials said.

The demonstration will complement TRICARE Senior Prime, (recently introduced at Madigan Army Medical Center - see Sept/Oct 98 TRICARE N/W newsletters for details).

For more information on federal employee health benefits, visit the Office of Personnel Management Web site www.opm.gov.

Group Health Provider Contract Ends

(continued from page 1)

closely with Group Health Cooperative and its health care affiliates in Washington to provide quality health care services to many of our Prime beneficiaries," said Larry Naehr, vice president of FHFS, Region 11 operations. "While we are disappointed that Group Health and its physicians will be leaving the TRICARE program, we will continue to work closely with them over the next several months to ensure a very smooth transition of care for our beneficiaries in Washington." "The decision to leave TRICARE was a difficult one to make. (continued on pg. 4)

Group Health Provider Contract Ends (contd. from pg. 3)

Now, Group Health's top concern is that patients experience a smooth transition," said Louise Liang, M.D., Group Health Cooperative Medical Director. Group Health Cooperative and Group Health Northwest provide primary and specialty care services to approximately 23,000 TRICARE Prime beneficiaries. Between now and March 1, 1999, Prime beneficiaries will need to select another primary care manager (PCM) within the FHFS network of physicians, or they will have the option of returning to the local Military Treatment Facilities (MTFs) for

comprehensive health care services. Currently, FHFS has more than 113,000 Prime enrollees in the state of Washington, with more than 80 percent of enrollees using seven MTFs, which are located throughout the state, for primary and specialty health care services. "This change will not affect TRICARE beneficiaries' benefits, enrollment status or their continued access to quality health care services," said Mr. Naehr. "We will be communicating frequently and directly with our Prime beneficiaries who see Group Health physicians and provide them with other options

and assistance as they select another primary care manager. We are in the process of adding primary care managers to our physician network, and within the next few months, we aim to have a diverse network of physicians available for our beneficiaries," added Mr. Naehr. "We also will work diligently to bring those independent physicians who are affiliated with Group Health into our provider network. Our primary goal is to provide for a smooth transition and for there to be as little disruption as possible for our beneficiaries." ●

Contract Performance Surveillance

By Maj. MaryAnne Havard, USAF



The following article is a continuation of last month's explanation of the contract surveillance process.

A surveillance team is responsible for all activities related to inspection of contractor performance and documenting compliance and/or noncompliance with contractor provisions.

Three major players on the surveillance team are the ACO, COTR, and ACOR. The ACO is responsible for all management activities associated with Lead Agent tasks, control and development of changes to the contract, and serves as the primary liaison with the contractor and others to resolve contractual issues that arise regarding Lead Agent tasks. The ACO is the only individual within the region

who can take formal action for contractor noncompliance. The ACO appoints individuals as COTRs and as an ACOR to support contract surveillance and compliance activities.

The COTR is responsible for the technical area of the contract for each MTF and will monitor performance activities within the MTF. The COTR assists in development of new or changed surveillance requirements for the MTF, and maintains communication with the ACO and ACOR as necessary to facilitate administration and surveillance of the contract. As mentioned above, the COTR is appointed via a letter issued by the ACO. COTRs may be assisted by TAs if s/he is appointed as a TA in writing by the ACO.

The ACOR is responsible for facilitating surveillance activities within the region, consolidation of surveillance reports, and preparation and monitoring of contract deficiency reports. The ACOR assists in the development of new or changed requirements for Lead Agent tasks, and maintains communications with the ACO and COR at the TRICARE Management Activity as necessary to facilitate administration of the contract. Like the COTRs, the ACOR is appointed via letter by the ACO.

Look for additional articles in upcoming newsletters covering the importance of COTR – MTF interface, scope of surveillance, how the COTRs use the surveillance plan, and deficiency identification and tracking. ●